

Westland Police Department
 5701 Ford Road, Westland, MI 48185
 (734) 722-8220, (734) 722-8221

INCIDENT / PROSECUTION REPORT

PO #

PRIMARY

PAGE 1 OF 3

01	DATE	10/08/05	DAY	SAT	SHIFT	02	PLAT	02	BADGE 1	1473	BADGE 2	1188	UCR	ADMIN	INCIDENT #	05-0034407											
02	RECEIVED	2330	DISPATCHED	2330	ARRIVED	2330	COMPLETED	0030	DATE(S) OCCURRED	10/08/05	TIME(S) OCCURRED		HOUR		DAY												
03	LOCATION / ADDRESS										LOCATION 2 (INTERSECTING STREET)																
	8472 WOODCREST WESTLAND MI 48185																										
04	CODE										BUSINESS NAME			BUSINESS PHONE													
05	ESTAB CODE	2000	ORIGIN	FOP	HOW ACTIVATED	FOP	REPORT TAKEN	STA	REC BADGE	DISP BADGE	UNIT 1	UNIT 2															
06	NATURE OF INCIDENT #1				ATT		CRIME CLASS	2397	ALC		BIAS	WEAPON	# PREM	ACTIVITY	POINT OF ENTRY / ATTACK												
	DISGUISE ID								DRUGS																		
07	NATURE OF INCIDENT #2				ATT		SEC CLASS	3040	ALC		BIAS	WEAPON	# PREM	ACTIVITY	METHOD OF ENTRY / ATTACK												
	O.D. FELONY WARRANT								DRUGS																		
08	NATURE OF INCIDENT #3				ATT		SEC CLASS		ALC		BIAS	WEAPON	# PREM	ACTIVITY	TOOL / OBJECT / WEAPON												
									DRUGS																		
09	NATURE OF INCIDENT #4				ATT		SEC CLASS		ALC		BIAS	WEAPON	# PREM	ACTIVITY	OTHER CHARACTERISTICS												
									DRUGS																		
CODES (1)REPORT BY (2)OWNER (3)VICT (4)PERS INTERV (5)ARREST (6)SUSP MISS'G (8)WITN (9)SECUR'D BY (10)UV ARREST (11)DRIVER (P)PASSNGR (R)RESPONSIBLE (S)SUMMONED (X)MISC																											
10	CODE		VICT #		ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)						FWC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE												
11	CODE				NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP)						FWC	SEX	DOB	AGE	RELATION TO ACTUAL VICTIM												
12	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)																										
13	HOME PHONE				BUSINESS PHONE				STATE				DRIVER'S LICENSE #														
14	PE	5	CODE		OFN #	01	NAME (LAST, FIRST, MIDDLE, SUFFIX)						FWC	SEX	DOB	AGE											
15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)																										
	8287 WOODCREST Apt. 1 WESTLAND MI 48185																										
16	HOME PHONE				BUSINESS PHONE				HEIGHT	510	WEIGHT	157	EYES		HAIR		LENGTH		STYLE		BUILD		SKIN TONE				
17	STATE	MI	DRIVER'S LICENSE #	M263354188427			SOC SEC #				SID #				FBI #				MISC #								
18	ALIAS (MAIDEN NAME, LAST, FIRST, MIDDLE, SUFFIX)										COMMENTS / CLOTHING / ETC					VIOLATION											
19	ARREST CHR G1	2397	ARREST DATE	10/08/05	PLAT	02	BADGE 1	1473	BADGE 2	1188	FM DIS		ARREST CHR G2	3040	ARREST DATE	10/08/05	PLAT	02	BADGE 1	1473	BADGE 2	1188	FM DIS				
20	OST MCH CLR	T	ARREST AT	Y	ORIGIN	FOP	STATUS			1	FINGERPRINTS	YES	CHR	Y	ACTION REQUESTED												
CODES (H)HOLD (S)STOLEN (Y)COUNTERFEIT (E)EVIDENCE (L)LOST (A)ATTACKED (R)RECOVERED (F)FOUND (C)CONFISCATED (X)IMPOUNDED (V)SUSPECT VEHICLE (B)BURNED																											
21	CODES	DESCRIPTION						PROP TYPE	QUANTITY	YEAR	MAKE	MODEL															
22	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #																				
23	STOLEN				DAMAGED				RECOVERED				PROPERTY TAG #				LOCATION PROPERTY				LEIN REF #				NIC #		
24	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK										REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	CG TYPE	DRUG AMOUNT	MEAS										
	NSR																										
25	BRIEF SUMMARY OF OFFENSE (TITLE / SUMMARY)																										
26	OFCS WERE PATROLLING THE WOODCREST APT COMPLEX WHEN WE OBSERVED THE LISTED SUBJ RIDING A BICYCLE WITH NO LIGHT AS REQUIRED BY CITY ORDINANCE. WE STOPPED TO INVESTIGATE HIM AND HE IDENTIFIED HIMSELF VERBALLY AS JACLAY WILLIAMS. UPON FURTHER INVESTIGATION WE LEARNED HE WAS USING A FALSE NAME. WE CONFRONTED HIM ABOUT THIS AND HE ADMITTED HIS TRUE NAME. A LEIN CHECK SHOWED HIM TO BE WANTED ON THE LISTED WARRANT WHICH WAS CONFIRMED BY DISPATCH. HE WAS ARRESTED, HANDCUFFED (DL/TC) AND SEARCHED. HE WAS CONVEYED TO THE WLPD WHERE HE WAS PROCESSED AND PUT IN A CELL TO AWAIT COURT/BOND. (CONT)																										
27																											
28																											
FORM 100 1-84	INVESTIGATING OFFICER(S)						REVIEWED BY	ATTENTION TO	I affirm the above information is true and correct.																		
	T ADAMS/D DINSMORE								O.I.C. Signature																		


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Westland Police Department
 6701 Ford Road, Westland, MI 48185
 734 722-3220

PO #

NARRATIVE REPORT

SUPPRESS	RPTTYPE PRIMARY	PAGE 2 OF 3
INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> UNF <input type="checkbox"/> INACT	CRIME CLASS 2397	INCIDENT # 05-0034407

	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	CRIME CLASS	INCIDENT #
01	10/08/05	SAT	02	02	1473	1188		2397	05-0034407
02	THE SUBJ WAS ISSUED ORD# 105537 FOR DISGUISE ID AND HOLD WAS PLACED ON HIM FOR THE FELONY WARRANT IN GENESSEE COUNTY. WE LEFT HIS BIKE WITH HIS ROOMMATE, HODGES.								
03									
04	OD WARRANT: OCA#05-5208, DOW: 8-18-05, FELONY FLEE & ELUDE, 7TH CIRCUIT COURT GENESSEE COUNTY, NO BOND.								
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INVESTIGATING OFFICER(S) T ADAMS/D DYNMORE						REVIEWED BY 	ASSIGNED TO / BADGE		ATTENTION TO

Westland Police Department
 26701 Ford Road, Westland, MI 48185
 313-722-2440 MI 261700

PERSON / WITNESS
 LIST

PO #

PRIMARY

PAGE 3 OF 3

01	DATE 10/08/05	DAY SAT	SHIFT 02	PLAT 02	BADGE 1 1473	BADGE 2 1188	UCR	ADMIN	INCIDENT # 05-0034407
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CODES (1)REPORT BY (2)OWNER (3)VICT (4)PERSON INTERV (5)ARREST (6)SUSP (7)MISS'G (8)WITN (9)SECUR'D BY (10)JUV ARREST (11)DRIVER (12)PASSNGR (13)RESPONSIBLE (14)SUMMONED (15)MISC

WITNESS TYPES (HW)HANDWRITING (EX)EXPERT (EY)EYEWITNESS (OF)POLICE OFFICER (CO)COMPLAINANT (CM)CHEMIST (MD)MEDICAL (VC)VICTIM (DC)OIC (RG)RES GESTAE (MS)MISC

02	CODE X	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX) HODGES, DUAN BIBBINS	POC B	SEX M	DOB 10/09/77	AGE	VICTIM TO RECEIVE CVRA NOTICE
03	PE	CODE	W-TYP	NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP)	POC	SEX	DOB	AGE RELATION TO ACTUAL VICTIM

04	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 8287 WOODCREST Apt. 1 WESTLAND MI 48185								
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05	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	CONN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TYP	REL TO OFN #	INJ	V	CIRC	JHC
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06	COMMENTS / TESTIMONY MCGRUDER'S ROOMMATE. TOOK POSSESSION OF MCGRUDER'S BIKE.										
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SERVICE BY
☐ MAIL ☐ PD

02	CODE	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)	POC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE
03	PE	CODE	W-TYP	NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP)	POC	SEX	DOB	AGE RELATION TO ACTUAL VICTIM

04	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)								
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05	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	CONN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TYP	REL TO OFN #	INJ	V	CIRC	JHC
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06	COMMENTS / TESTIMONY										
07											
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10											

SERVICE BY
☐ MAIL ☐ PD

02	CODE	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)	POC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE
03	PE	CODE	W-TYP	NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP)	POC	SEX	DOB	AGE RELATION TO ACTUAL VICTIM

04	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)								
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05	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	CONN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TYP	REL TO OFN #	INJ	V	CIRC	JHC
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06	COMMENTS / TESTIMONY										
07											
08											
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SERVICE BY
☐ MAIL ☐ PD

INVESTIGATING OFFICER(S) T ADAMS/D DINSMORE				REVIEWED BY <i>[Signature]</i>	ATTENTION TO	I affirm the above information is true and correct. O.I.C. Signature _____
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Westland Police Department
 36701 Ford Road, Westland, MI 48185
 (734) 722-9900 HIR261100

PO #

NARRATIVE REPORT

SUPPRESS NO	RPTTYPE SUPPLEMENTAL	PAGE 1 OF 1
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01	DATE 10/10/05	DAY MON	SHIFT 01	PLAT 04	BADGE 1 0911	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	CRIME CLASS 2397	INCIDENT # 05-0034407
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02 Incident Type: Disguise Id
 03 Complainant: Ofc Adams
 04 Subject: Jaawkawa Edward McGruder
 05
 06 On 10/09/05, I was called at home, & told that the listed subject was in
 07 custody for disguise Id & an other department warrant. I had been looking
 08 for the subject as he was a suspect in an R.A. of a pizza delivery person
 09 (case#05-0028947). I came in and interviewed him on same. There was no
 10 follow up needed on the disguising ID case as a violation was issued by the
 11 arresting officers. Case closed.
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INVESTIGATING OFFICER(S) Sgt C Benson #911	REVIEWED BY 649	ASSIGNED TO / BADGE	ATTENTION TO
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10/25/05 Probation Agent Anthony Ford requested report.
(810) 424-5742 on Jaakawa McGauley

State of Michigan Uniform Law Citation		Ticket No. 105537		<input type="checkbox"/> Victim Involved	
US DOT #		Incident No. 05 24407		Depl. No. 817	
The People of: <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Local Use/Arrest No.		Detection Device	
OF: WESTLAND		BAC		1 of 1	
THE UNDERSIGNED SAYS THAT ON:		Month 10	Day 8	Year 05	At approximately 1:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
State MI	<input checked="" type="checkbox"/> Oper. <input type="checkbox"/> Chauff.	CDL Exp/End	Driver License Number M263354188427		Social Security No.
Reason B	Sex M	Height 5'10"	Weight 157	Hair Blk	Eyes Blu
Name (First, Middle, Last) Jarvis Kaw Edwards - Jockey McBruder					
Street 8287 Woodcrest #1					
City Westland		State MI	Zip Code 48185		
Vehicle Plate No.	Year	State	Vehicle Description (Year, Make, Color)		Veh. Type
THE PERSON NAMED ABOVE, in violation of <input checked="" type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule					
UPON 8472 Woodcrest					
AT OR NEAR					
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF WESTLAND					
COUNTY OF WAYNE					
DID THE FOLLOWING					
MCL Chg/PACC Code/ Ordinance Description (Include any bond amount collected on each charge) No.					
<input checked="" type="checkbox"/> CI <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.	62-36 Disguise ID			1
<input type="checkbox"/> CI <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.	Warning No Bike Light			2
<input type="checkbox"/> CI <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.				3
TO THE COURT: Do not errand on a felony charge until an authorized complaint is filed.					
Offense Code(s)					
Key for Type: CI = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending					
Remarks: St. Peel Subs for no bike light. He verbally identified himself as Jockey Williams 6-7-87.					
CHECK IF APPROPRIATE <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$ <input type="checkbox"/> License Posted in Lieu of Bond <input type="checkbox"/> Appearance Certificate <input type="checkbox"/> Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None					
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS					
<input checked="" type="checkbox"/> Appearance Date: NO SOONER THAN 3 DAYS, OR LATER THAN 14 DAYS					
<input type="checkbox"/> Hearing Date (FOR CIVIL VIOLATIONS) <input type="checkbox"/> Contact Court					
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required. (Court will Notify)					
In the 18TH DISTRICT Court of WESTLAND					
Court Address & Phone Number 18TH DISTRICT COURT 36675 FORD ROAD WESTLAND, MI 48185-2210 (734) 595-6720 FAX: (734) 595-0160					
I received a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.					
Complainant's Signature and Accept if applicable				Month 10	Day 8
Officer's Name (printed) T. Adams				Year 05	Officer's ID No. 1473
Agency ORI MI-8281700		Agency Name WSPD			

Ticket No. 105537

WANTED

WESTLAND POLICE DEPARTMENT RECEIVING / BOOKING FORM

LAST NAME MCGRUDER								FIRST JANAKAWA								MIDDLE EDWARD								COMPLAINT NUMBER 05-0034407															
ADDRESS 2027 ACKLEY W/L																HOW LONG 6 MONTHS																HOME PHONE NUMBER 734 641-9789							
MAIDEN NAME / ALIASES																SOCIAL SECURITY NUMBER 375 94 7300 M 263 354 188 427																TRANSFER STATUS							
D.O.B. 6-7-84				AGE 21				SEX M				RACE B				HEIGHT 510				WEIGHT 175				HAIR BRO				EYES BRO											
WHERE ARRESTED N/W CORNELL WOODCREST																DATE 10-8-05								TIME 2330								VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
CHARGE DISGUISE ID / GD WITHHOLD																ARRESTING OFFICER(S) DINSMORE 1188 ADAMS 1473																							
MEDS / SPECIAL CARE				BREATH TEST				PHOTO TAKEN Y				PHONE CALL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				WESTLAND BOND 500				HOLD YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				TOTAL BOND 0															
				LIVE SCAN				CCH				DB				SIU				TRAF				COURT				CELL NO.				LOCK NO.				CELL NO. 28			

Inmate Questionnaire

Officer/Examiner Name **DINSMORE**

Circle specific conditions (use back for additional remarks)

- | | | | |
|--|------------------------------|--|-------------------------------|
| Unconscious / incoherent? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | TOT
BENCH
HOLD |
| Signs of trauma or illness requiring immediate doctor's care? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Swollen lymph nodes, jaundice, fever or other evidence of infection which might spread through the jail? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Poor skin condition, vermin, rashes, or needle marks? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Visible signs of alcohol / drug withdrawal? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Behavior suggests risk of suicide or assault? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Carrying medication or report being on medication | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Under the influence of alcohol, barbituates, heroin or any other drugs? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |

Use alcohol? Yes ☐ No ☒

Use any drugs? Yes ☐ No ☒

- a) If yes, how often? _____
- b) How much? _____
- c) When were you drunk last? _____
- d) When did you last drink? _____

- a) If yes, what types? _____
- b) How much? _____
- c) When did you get high last? _____
- d) When did you take drugs last? _____

Admits to the following: (Indicate by number and letter)

1. Over one year ago H. Hospitalized
2. Within one year M. Medications - Current
3. Present now

N Allergies
/ Arthritis
/ Asthma
/ Delirium Tremens (DT's)
/ Dental Condition
3 Diabetes
22 Epilepsy
/ Fainting
/ Heart Condition

N Hepatitis
/ High Blood Pressure
/ Physician Prescribed Diet
/ Psychiatric Disorder
/ Tuberculosis
/ Ulcers
/ Urinary Tract Problems
/ Venereal Disease (VD) (Which?)
/ Other (Below)

If female:

Pregnant? _____
 Delivered recently? _____
 On birth control pills? _____

REMARKS (i.e. unusual behavior, special diets, deformities, etc.) _____

DISPOSITION / REFERRAL TO

Emergency Care: 810 423-3462
LINDSEY

CORRECTIONS / MEDICAL TRANSFER INFO:

Date / Time	Facility	Contact Person	Phone / Fax No.

WARRANTS / HOLDS:

PERSONAL PROPERTY (cash) \$ _____

Department	Warrants Info	Misd / Fel	Bond Amount	Confirmed
<u>GENESEE CO</u>	<u>FLEE CHARGE</u>	<u>FEL</u>	<u>0</u>	<u>✓</u>
<u>* LIVONIA PD</u>	<u>CALL OFF MISSY</u>	<u>CALL OFF MISSY</u>	<u>LIVONIA</u>	<u>✓</u>